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OR  
REVOCATION OF POWER OF ATTORNEY  
WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

<b>Application Number</b>	10/766,530-Conf. #2231
<b>Filing Date</b>	January 29, 2004
<b>First Named Inventor</b>	Henrich Cheng
<b>Title</b>	METHOD AND MIXTURE FOR NERVE ROOT REPAIR
<b>Art Unit</b>	3734
<b>Examiner Name</b>	M. G. Mendoza
<b>Attorney Docket No.</b>	L0735.70003US00

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Henrich Cheng</i>	Date	<i>2011</i>
Name	Henrich Cheng	Telephone	011 886 2 2718 3400 3019
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.